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Eill	n this information to identify your ca										
Pamela L Anderson					_						
	utor 2				_						
Unit	ed States Bankruptcy Court for the	: SOUTHERN DISTRIC	T OF OHIO		_						
Case number (lf known) 15-51366						Check if this is:  An amended filing A supplement showing post-petition chapter 13 income as of the following date:					
Of	ficial Form B 6I				_	MM / DD/ Y		owing date.			
	chedule I: Your Inc	nme			ŗ	VIIVI / DD/ Y	YYY		12/13		
supp spou	s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filir r spouse is not filing wi	ng jointly, and your s th you, do not includ	pouse is le inforn	s living with nation abou	n you, incl it your spo	ude informa ouse. If mor	ation about e space is	your needed,		
1.	Fill in your employment										
	information.		Debtor 1			Debtor 2	or non-fili	ng spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>☐ Employed</li><li>✓ Not employed</li></ul>	☐ Employed ☐ Not employed							
	employers.	Occupation									
	Include part-time, seasonal, or self-employed work.	Employer's name									
	Occupation may include student or homemaker, if it applies.	Employer's address									
		How long employed th	nere?			_					
Par	Give Details About Mor	nthly Income									
spou If you	mate monthly income as of the da ise unless you are separated. If or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	_					-			
					For De	ebtor 1	For Debt	or 2 or g spouse			
2.	<b>List monthly gross wages, sala</b> deductions). If not paid monthly,			2.	\$	0.00	\$	N/A			
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A			

Official Form B 6I Schedule I: Your Income page 1

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Debtor 1		Pamela L Anderson		Case number (if known)					
				For Debtor 1		For Debtor 2 or non-filing spouse			
	Сор	y line 4 here	4.	\$_	0.00	\$	N/A		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	0.00	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	•	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	<b>=</b> '	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A		
	5e.	Insurance	5e.	\$_	0.00	\$ <u> </u>	N/A	•	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$ <u> </u>	N/A		
	5g.	Union dues	5g.	\$_	0.00	\$ <u></u>	N/A		
	5h.	Other deductions. Specify:	_ 5h.+	\$_	0.00	+ \$	N/A	-	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u>_</u>	0.00	\$	N/A		
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	N/A	-	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A		
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	<u>-</u>	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	-	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	_ 8f.	\$_	0.00	\$	N/A		
	8g.	Pension or retirement income	8g.	\$_	3,997.92	\$	N/A	<u>.</u>	
	8h.	Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$	N/A		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,997.92	\$	N/A		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,997.92 + \$_		<b>N/A</b> = \$	3,997.92	
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain ies					12. \$	3,997.92	
13.	Dov	ou expect an increase or decrease within the year after you file this form?	?				Combir month!	ned y income	
	<b>V</b>	No. Yes Explain:							